

<b>Date</b>	
<b>Location</b>	
<b>CE Topic</b>	
<b>Speaker Name</b>	

Participants must complete and sign this evaluation form to receive a CE certificate for this educational program.

## Ratings

### Knowledge of Subject Matter

Outstanding   
  Good   
  Adequate   
  Needs improvement   
  Poor   
  N/A

Comments:

### Quality of Presentation

Outstanding   
  Good   
  Adequate   
  Needs improvement   
  Poor   
  N/A

Comments:

### Content Relevance to my Practice

Outstanding   
  Good   
  Adequate   
  Needs improvement   
  Poor   
  N/A

Comments:

### Objectives Stated and Met

Outstanding   
  Good   
  Adequate   
  Needs improvement   
  Poor   
  N/A

Comments:

### Communication/Questions Addressed

Outstanding   
  Good   
  Adequate   
  Needs improvement   
  Poor   
  N/A

Comments:

### Length Appropriate for Content

Outstanding   
  Good   
  Adequate   
  Needs improvement   
  Poor   
  N/A

Comments:

### Overall Rating

Outstanding   
  Good   
  Adequate   
  Needs improvement   
  Poor   
  N/A

Comments:

## Evaluation

*Additional Comments/Ways to Enhance Offering/Request for Future Topics*

Name:  Email:

I am a:   
 SW   
 RN   
 LPN   
 LCPC   
 NHA   
 Other:

Phone Number:

**Thank you!**